MODEL STANDING ORDERS

Live Attenuated Influenza Vaccine (LAIV) (FluMist™)

These model standing orders are current as of July 2004. They should be reviewed carefully against the most current recommendations and may be revised by the clinician signing them.

Live Attenuated Influenza Vaccine (LAIV) is indicated for:

1. ***Healthy*** people 5 – 49 years of age.
2. Household contacts, health care workers and others with close contact with groups at risk. However, inactivated influenza vaccine is preferred for close contacts of persons with severe immunosuppression during those periods in which the severely immunosuppressed person requires care in a protective environment.

ORDER:

1. Provide patient, parent or legal representative with a copy of the Vaccine Information Statement (VIS) and answer any questions. VIS's in English and other languages are available from the MIP and online at http://www.immunize.org/vis.
2. Screen for contraindications according to Table 1.
3. After proper thawing (see guidance in **LAIV Storage and Handling** box below), administer live attenuated influenza vaccine intranasally, according to the recommended age-specific dose and schedule (Table 2).

   Note: Severely immunocompromised persons should not administer LAIV. However, other persons at risk for complications from influenza, including those with mild immunosuppression or who are pregnant or ≥ 50 years of age, can administer LAIV.

   Place the recipient in an upright position. Remove the rubber tip protector from the LAIV sprayer. Place the tip just inside the first nostril and depress the plunger to deliver the 0.25 mL dose intranasally (i.e., half of the total sprayer contents). Pinch and remove the dose-divider clip from the plunger. Place the tip just inside the other nostril and depress the plunger to deliver the remaining 0.25 mL dose, for a total dose of 0.5 mL. If the vaccine recipient sneezes after administration, the dose should not be repeated.

Always check the package insert prior to administration of any vaccine.

- **Other Vaccines**
  LAIV can be administered concurrently with other inactivated and live vaccines. However, live vaccines not given on the same day should be administered ≥ 4 weeks apart.
- **Influenza Antiviral Medications**
  LAIV should not be given until ≥ 48 hours after the last dose of influenza antiviral agents (amantadine, rimantadine, oseltamivir, zanamivir), and antiviral agents should not be administered for ≥ 2 weeks after receipt of LAIV.

Live Attenuated Influenza Vaccine Order

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4. If possible, observe patient for an allergic reaction for 15 - 20 minutes after administering vaccine.
5. Facilities and personnel should be available for treating immediate hypersensitivity reactions.
6. Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or www.vaers.org.

   See the MIP document *General Protocols for Standing Orders* for further recommendations and requirements regarding vaccine administration, documentation and consent.

LAIV Storage and Handling

- LAIV must be stored at minus 15° C or 5° F or colder.
- LAIV should **not** be stored in a frost-free freezer because the temperature might cycle above -15°C, unless a manufacturer-supplied freezer box is used.
- LAIV must be thawed prior to administration by either:
  - Holding the individual sprayer in the palm of the hand and supporting the plunger rod with the thumb for 1 to 3 minutes (do not roll sprayer or depress plunger), OR
  - Thawing in a refrigerator and storing at 2 - 8°C (36 - 46°F) for ≤ 60 hours prior to use.
- The vaccine should be administered immediately after thawing. If refrigerated vaccine is not used within 24 hours of thawing it must be discarded.
- Do not refreeze after thawing.
- Because this vaccine is so temperature-sensitive, it is not advisable to take it off site away from freezer or refrigeration.

NOTE: For additional information regarding product storage and stability, contact Medimmune at 1-877-358-6478 or online at http://www.FluMist.com.

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Table 1. Contraindications and Precautions to Live Attenuated Influenza Vaccine

Valid Contraindications for Live Attenuated Influenza Vaccine	Precautions
Anaphylactic reaction to a previous dose of influenza vaccine, egg protein, gentamicin or any other component of the vaccine (see package insert for specific components)	Postpone administration of LAIV until 72 hours after the acute phase of respiratory or febrile illness (temporary precaution)
Persons < 5 and > 49 years of age	Defer administration if nasal congestion would impede delivery of LAIV to the nasopharynx
Persons 5 – 17 years of age receiving aspirin therapy	
Persons taking influenza antiviral medications[1]	Caution administering LAIV to nursing mothers, since it is not known whether the vaccine is excreted in milk
History of Guillain-Barré syndrome	
Immunodeficiency caused by disease or treatment	**Due to possible transmission of vaccine virus, inactivated influenza vaccine is <u>preferred</u> over live intranasal vaccine for health care workers, household contacts and anyone coming into close contact with severely immunocompromised persons during periods when such patients require care in a protected environment**
Severe immunosuppression requiring a protective environment in a household or other *close contact*	
History of asthma or reactive airway disease	
Chronic cardiac or pulmonary disease	
Pregnancy	
Diabetes or other metabolic diseases	
Renal dysfunction	
Hemoglobinopathies	

Table 2. Live Attenuated Influenza Vaccine Dosage, by Age Group

Age Group	Vaccination Status	Dose/Schedule[1]
5 – 8 years	Not previously vaccinated with either LAIV or inactivated influenza vaccine	2 doses (0.5 mL each), 60 days apart (± 14 days) for initial season
5 – 8 years	Previously vaccinated with either LAIV or inactivated influenza vaccine	1 dose (0.5 mL) per season
9 - 49 years	Not applicable	1 dose (0.5 mL) per season

[1] One dose equals 0.5 mL, divided equally between each nostril.

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